

**REQUEST FOR BLANKET DENIAL LETTER**

**DATE REQUESTED**\_\_\_\_\_ **BILLING #**\_\_\_\_\_

**CLIENT NAME**\_\_\_\_\_

**CLIENT ID #**\_\_\_\_\_

**INSURANCE COMPANY NAME ON FILE**\_\_\_\_\_

**PROCEDURE CODES NEEDED:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**CONTACT**\_\_\_\_\_

**PHONE NUMBER**\_\_\_\_\_

**FAX NUMBER**\_\_\_\_\_

**PLEASE FAX ALL REQUESTS TO 406-442-0357**